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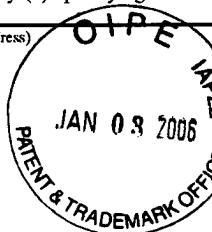
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40854 7590 11/23/2005

RANKIN, HILL, PORTER & CLARK LLP
4080 ERIE STREET
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01/04/2006 HDEMESS2 00000004 180160 10067075

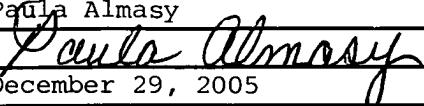
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Paula Almasy	(Depositor's name)
	(Signature)
December 29, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/067,075	02/04/2002	Toshihiro Omi	NGB-12970	4068

TITLE OF INVENTION: EMITTING LIGHT SOURCE APPARATUS FOR USE IN OPTICAL ENCODER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$70	\$0	\$70	02/23/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
YAM, STEPHEN K	2878	250-231100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Rankin, Hill, Porter
1 & Clark LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mitutoyo Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Adjustment date: 01/04/2006 HDEMESS2
06/24/2004 AOSMAN2 00000013 10067075
Kawasaki-shi, Japan 01 FC:1501
-1330.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

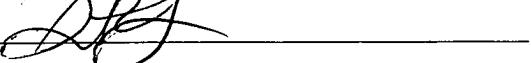
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0160 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date December 29, 2005

Typed or printed name David E. Spaw

Registration No. 34732

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